



Mike Beebe
Governor

Arkansas Department of Veterans Affairs

Arkansas State Veterans Cemetery

1501 West Maryland Avenue

North Little Rock, Arkansas 72120

Voice (501) 683-2259/ Fax (501) 992-1049

Alicia (Cissy) Rucker
Director

AGREEMENT FOR BURIAL OF CREMATED REMAINS

PRIVACY ACT NOTICE: The information requested on this form is required to permit a burial in a national cemetery under Chapter 24, Title 38, United States Code. The information may be disclosed outside the VA as permitted by law, or as stated in the "Notices of Systems of VA Records" which have been published in the Federal Register in accordance with the Privacy Act of 1974. Failure to provide the required data may result in denial of Interment.

This agreement made this _____ day of _____, 20____
by _____, witnesseth.
(name of legal next of kin or authorized representative)

I hereby agree to have the cremated remains of

(name of deceased)

Interred in Section/Columbarium _____, Row _____ Grave/Niche _____

in the Arkansas State Veterans Cemetery. The Arkansas State Veterans' Cemetery does not allow the division of cremated remains.

I fully understand that this grave is suitable for burial of cremated remains only and will not accommodate casketed remains. In the event that my remains or the remains of an eligible dependent are not cremated and a casketed burial is requested, the cremated remains of _____ will be relocated to the gravesite wherein the casketed remains are placed. I authorized the Director of the Arkansas State Veterans Cemetery to relocate the cremated remains to the regular gravesite.

It is further understood that if this cemetery is in a closed status and there are no available gravesites for casketed remains, all subsequent interments will be accepted only if inurned.

(Signature)

(Printed Name)

(Address)